MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10	/						60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16	/						66							
17	/						67							
18	/						68							
19	/						69							
20	/						70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25		6					75							
26		6					76							
27		6					77							
28		6					78							
29		6					79							
30		6					80							
31		6					81							
32		6					82							
33		6					83							
34		6					84							
35		6					85							
36		6					86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.	89						TOTAL DEP.							
TOTAL CLAIMS	96						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS